

APPENDIX F - 1

**2003 TRI Reporting
Form R**

(IMPORTANT: Type or print; read instructions before completing form)



EPA
United States
Environmental Protection
Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center
P.O Box 1513
Lanham, MD 20703-1513
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR _____

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
 Yes (Answer question 2.2; Attach substantiation forms) No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy Sanitized Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: _____ Signature: _____ Date Signed: _____

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number _____

Facility or Establishment Name _____ Facility or Establishment Name or Mailing Address(if different from street address) _____

Street _____ Mailing Address _____

City/County/State/Zip Code _____ City/State/Zip Code _____ Country (Non-US) _____

4.2 This report contains information for:
(Important : check a or b; check c or d if applicable) a. An entire facility b. Part of a facility c. A Federal facility d. GOCO

4.3 Technical Contact Name _____ Telephone Number (include area code) _____
Email Address _____

4.4 Public Contact Name _____ Telephone Number (include area code) _____

4.5 SIC Code (s) (4 digits) _____
Primary a. _____ b. _____ c. _____ d. _____ e. _____ f. _____

4.6 Latitude _____ Degrees _____ Minutes _____ Seconds _____ Longitude _____ Degrees _____ Minutes _____ Seconds _____

4.7 Dun & Bradstreet Number(s) (9 digits) _____ **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) _____ **4.9** Facility NPDES Permit Number(s) (9 characters) _____ **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) _____

a. _____ a. _____ a. _____ a. _____
b. _____ b. _____ b. _____ b. _____

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company _____ NA

5.2 Parent Company's Dun & Bradstreet Number _____ NA

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double-sided!

**EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.
 (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	<input type="checkbox"/>																

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>		
5.2	Stack or point air emissions	NA <input type="checkbox"/>		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1				
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	Toxic Chemical, Category or Generic Name

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input type="checkbox"/>		
5.4.2	Underground Injection onsite to Class II-V Wells	<input type="checkbox"/>		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input type="checkbox"/>		
5.5.1B	Other landfills	<input type="checkbox"/>		
5.5.2	Land treatment/application farming	<input type="checkbox"/>		
5.5.3	Surface Impoundment	<input type="checkbox"/>		
5.5.4	Other disposal	<input type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)

6.1.B. ____	POTW Name						
POTW Address							
City		State		County		Zip	

6.1.B. ____	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

 in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. ____ Off-Site EPA Identification Number (RCRA ID No.)									
Off-Site Location Name									
Off-Site Address									
City		State		County		Zip		Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

* For Dioxin or Dioxin-like compounds, report in grams/year

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EPA FORM R	TRI Facility ID Number
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	Toxic Chemical, Category or Generic Name

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City	State	County	Zip	Country (Non-US)
------	-------	--------	-----	---------------------

Is location under control of reporting facility or parent company? Yes No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?		
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e		
	1				2	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3				4	
6	7	8	%			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e		
	1				2	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3				4	
6	7	8	%			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e		
	1				2	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3				4	
6	7	8	%			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e		
	1				2	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3				4	
6	7	8	%			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e		
	1				2	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3				4	
6	7	8	%			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box : (example: 1,2,3, etc)

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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. 2. 3. 4. 5.
6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***				
8.2	Quantity used for energy recovery onsite				
8.3	Quantity used for energy recovery offsite				
8.4	Quantity recycled onsite				
8.5	Quantity recycled offsite				
8.6	Quantity treated onsite				
8.7	Quantity treated offsite				
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				
8.9	Production ratio or activity index				
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1		a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input type="checkbox"/>

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APPENDIX F - 2

**2003 TRI Reporting
Form A**



TOXIC CHEMICAL RELEASE INVENTORY FORM A

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center
P.O. Box 1513
Lanham, MD 20703-1513
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

Enter "X" here if this is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR _____

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret?	2.2	Is this copy	<input type="checkbox"/> Sanitized	<input type="checkbox"/> Unsanitized
	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)		<input type="checkbox"/> No (Do not answer 2.2; Go to Section 3)	(Answer only if "YES" in 2.1)	

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the statement, the annual reportable amount as defined in 40 CFR 372.27 (a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number	
Facility or Establishment Name	Facility or Establishment Name or Mailing Address(if different from street address)	
Street	Mailing Address	
City/County/State/Zip Code	City/State/Zip Code	Country (Non-US)

4.2 This report contains information for: (Important : check c or d if applicable)

c. A Federal facility d. GOCO

4.3	Technical Contact Name	Telephone Number (include area code)
	Email Address	

4.4 Intentionally left blank

4.5	SIC Code (s) (4 digits)	Primary						
		a.	b.	c.	d.	e.	f.	
4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds

4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a.		a.		a.		a.	
b.		b.		b.		b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>

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EPA FORM A
PART II. CHEMICAL IDENTIFICATION **TRIFID:**

Do not use this form for reporting PBT chemicals including Dioxin and Dioxin-like Compounds*

SECTION 1. TOXIC CHEMICAL IDENTITY Report ___ of ___

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
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SECTION 1. TOXIC CHEMICAL IDENTITY Report ___ of ___

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
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SECTION 1. TOXIC CHEMICAL IDENTITY Report ___ of ___

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2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
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* See the TRI Reporting Forms and Instructions Manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)